DATENT ADDI IOATION SES DESCRIPTIONS										. Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECOR Effective December 29, 1999										09	36	277	60	
CLAIMS AS FILED - PART I (Column 1) (Column 2)										L ENTIT	OR		R THAN ENTITY	
FOR NUMBER FILED NUMBER EXTRA						1	RATI			RATE	FEE			
8/	ASIC FEE						, die		7.	345.	00 OR		690.00	
ĸ	OTAL CLAIMS		36 minus 20=			16			X\$ 9		OR	X\$18=	288	
INE	DEPENDENT C	LAIMS	6 minus 3 =			: 3			X39-		OR	X78=	031/	
MULTIPLE DEPENDENT CLAIM PRESENT									+130	_	OR	+260=		
. 11	"If the difference in column 1 is less than zero, enter "0" in column 2												12/2	
CLAIMS AS AMENDED - PART II									0624.				THAN	
-	te lesson		umn 1) Alms	- The State of the		umn 2) HEST	(Column 3)		SMAL	L ENTIT		SMALL		
AMENDMENT A		A	AINING TER IDMENT		NU PRE	MBER MOUSLY D FOR	PRESENT EXTRA		RATE	ADD TION/ FEE	N.	RATE	ADDI- TIONAL FEE	
	Total	. 4	12	Minus	:	36	= 6		X\$ 9=		OR	X\$18 =	DER	
	Independent	NTATIC	MOE MI	Minus	PENDE	G .	= 6		X39=		OA	X78=	5/lace	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130=		OR	+260≖		
B .00-13-04									TOT.		OR	TOTAL		
	V-C		<u>(mn 1)</u>			umn 2)	(Column 3)		ADD(1. 12		•	ADDII. FEE		
AMENDMENT B		REM. AF	AIMS AINING TER IOMENT		NU PRE\	NHEST NIBER NOUSLY D FOR	PRESENT EXTRA		RATE	ADDI TIONA FEE	L	RATE	ADDI- TIONAL FEE	
	Total	٠ ५	12	Minus	**	42	= /		X\$ 9=	•	OR	X\$18=	1	
AME	Independent FIRST PRESE	NTATIO	12	Minus	***	T CLAIM	 =/		X39=		OR	X78=	7	
			100 100	CHIPCE DEF	CINDE	11 COdia	•	'	+130=		OR	+260≈		
U-H-O (Column 1) (Column 2) (Column 3)									TOTA NDOIT. FE	E	OR	TOTAL ADDIT, FEE		
· L	(-)		mn 1)			ımn 2)	(Column 3)		•				- 1	
AMENDMENT C		REM/ AF	ums Uning Ter Dment		NUI PREV	HEST MBER ROUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE,	
	Total	. 4	2	Minus	•• 5	19	= /		X\$ 9=		OR	X\$18=		
	Independent	• /	2.	Minus	***	12-	-/		X39=	†	1	X78=	-/- 	
HRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											√ "		 / 	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **OTAL OR +260= OR +260= OR +260= OR +260=												/		
	the Tighest Nur f the Tighest Nur he Tighest Nurr	mber Pre	Viously Pa	ed For IN THE	SEPACE	is loss the	n 3 anter 3	^	DOIT, FE	: L	_	DOTT. FEE		
•				or transfer			red and smith	7 100		Manhana (AUX ET COM	en i.	1	

FORM PTO-676 (Rev. 12/09)